

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1940

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

29973

1. PLACE OF DEATH
 County Vernon Registration District No. 19
 Township Richards Mo. Primary Registration District No. 6167
 City Richards Mo. (No. RFD #1) St. _____ Ward _____

2. FULL NAME Robert Edward Hutcherson
 (a) Residence, No. Richards, Mo. RFD #1 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally Hutcherson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-8-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord: Kentucky.

FATHER
 13. NAME James Hutcherson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
 15. MAIDEN NAME Martha Ratliff
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

17. INFORMANT Mrs. Sally Hutcherson
 (ADDRESS) Richards, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Liberty Cem DATE May 16, 1940

19. UNDERTAKER George A. Konantz.
 (ADDRESS) Fort Scott, Kansas.

20. FILED Aug 7 1940 James B Deaton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-13-1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to May-13-, 1940
 I last saw him alive on May 17, 1940. Death is said to have occurred on the date stated above, at 6:15P.M.
 The principal cause of death and related causes of importance were as follows:
Aortic Insufficiency
Arterio Sclerosis
Hypertension
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Amst. Tiller, M. D.
 (Address) Hume, Mo.

Date of onset May 1, 1940

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1278

Date Filed 9-9-48